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**COMBINED DECLARATION AND POWER OF ATTORNEY**

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)**

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for an original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

System, Device, and Method for Managing Connection Quality in an Optical Communication System

**SPECIFICATION IDENTIFICATION**

The specification is attached hereto.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. Section 1.98.

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)**  
(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

60/225,335

**FILING DATE**

August 15, 2000

## POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Jeffrey T. Klayman	39,250
Bruce D. Sunstein	27,234
Robert M. Asher	30,445
Timothy M. Murphy	33,198
Steven G. Saunders	36,265
Harriet M. Strimpel	37,008
Karen A. Buchanan	37,790
Samuel J. Petuchowski	37,910
John J. Stickevers	39,387
Elizabeth P. Morano	42,904
Jean M. Tibbetts	43,193
Jay Sandvos	43,900
Sonia K. Guterman	44,729
Keith J. Wood	45,235
Yang Xu	45,243
Alton Hornsby, III	47,299
Alexander J. Smolenski	47,953
John L. Conway	48,241
Mary M. Steubing	37,946
Christopher J. Cianciolo	42,417
Lindsay J. McGuinness	38,549
Holmes Anderson	37,272

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Lindsay J. McGuinness  
978-288-6304

Lindsay J. McGuinness  
600 Technology Park Drive  
Mail Stop E65-60-403  
Billerica, MA 01821  
USA

Customer Number 28901

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

Indermohan S. Monga

**Inventor's signature**

**Date** \_\_\_\_\_

**Country of Citizenship** IN

**Residence** Lexington, MA

**Post Office Address** 217 Massachusetts Avenue, Lexington, MA 02420